Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
		(Column	(Column 1)		(Column 2)		TYPE		OR	SMALL	ENTITY		
TOTAL CLAIMS			၁ွဝ				F	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		· Ø		,	K\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		1		;	X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							T	-135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L_	OTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II								•)	OTHER	THAN	
		(Column 1)	(Colu	ımn 2) (Column 3)			SMALL ENTITY			SMALL	ENTITY		
AMENDMENT A	4×	CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	_}	K\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T () 4114	=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM			-135=		OR	+270=		
							<u> </u>	TOTAL		OR	TOTAL		
		ADI	DIT. FEE	Lug-		ADDIT. FEE							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	IMN 2) HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	\ ;	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-135 =			+270=		
								TOTAL		OR	TOTAL		
		•	AD	DIT. FEE		OR	ADDIT. FEE						
		(Column 1)			ımn 2)	(Column 3)	_			_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï	
	Independent	*	Minus	***		=		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDE				IT CLAIM		-	405		1.	.070		
	If the entry in colu	mn 1 is loss than	the entry in colu	ımn 2 wri	te "N" in ~	olumo 3	Ľ	135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												L	
	The "Highest Nur	nber Previously P	aid For" (Total o	r Indepen	dent) is th	e highest number	r found	l in the ap	propriate bo	x in co	olumn 1.		